



DPT Program Disclosure Form

The purpose of the form is to review certain facts described during the admissions process. Please read the following information regarding your education process and sign your initials at the end of each paragraph to indicate your understanding of and agreement to each item. When you have finished reading the entire form, please sign your name in the space provided at the bottom.

HOUSING AND JOBS WHILE ATTENDING SDSU: Although employment from local businesses and housing in the immediate area of the University may be available, the University has not guaranteed me employment or housing. Because of the demands of full time professional education in general, and the DPT program specifically, it is recommended that students do not plan to work full time during the didactic portion of the program, and not at all during clinical affiliations. **Initials** _____

FINANCIAL ASSISTANCE: As with any university, student loans and/or grants are made available depending upon the financial information provided by the applicant. The University has not guaranteed that I will receive a loan or a grant. If I receive a loan, I understand that I will be responsible for repaying the loan. **Initials** _____

HEALTH INSURANCE: I understand that I must have health insurance while enrolled as a student in the DPT program and must provide proof of insurance. I understand that I am responsible for all associated costs. Failure to show proof of insurance may result in disciplinary action up to and including dismissal from the program. **Initials** _____

GRADUATE BULLETIN: I understand that the Graduate Bulletin has terms and conditions regarding my education. The Graduate Bulletin is available through the SDSU website <http://arweb.sdsu.edu/es/catalog/bulletin/>, and before beginning class I will read the catalog and agree to abide by its contents. **Initials** _____

ATTENDANCE: The DPT Program requires daily attendance as an important part of your training program. Students failing to maintain satisfactory attendance requirements for their courses are subject to administrative actions, which may include probation, suspension from school, or denial of graduation. Additional detail regarding the attendance policy are provided in the DPT Student Handbook. If admitted to the program, I understand that I will receive access to the DPT Student Handbook prior to orientation, and I will read the DPT Student Handbook and agree to abide by its contents. **Initials** _____

CRIMINAL BACKGROUND CHECK AND DRUG TESTING: I am aware that I will be required to undergo a criminal background check and drug screening prior to being allowed to participate in clinical experiences. I understand that a record of criminal behavior may preclude me from being able to participate in clinical education at most if not all facilities and may prevent me from being employed. I understand that should I be prohibited from attending a clinical experience at a clinical facility due to findings on my drug screening or criminal background check, I may be dismissed from the DPT Program. **Initials** _____

CLINICAL EDUCATION REQUIREMENTS: Clinical education experiences are an integral part of the curriculum and may require that a student temporarily relocate. *I understand that I may, and most likely will, have to leave the local area, or the State, for any or all clinical education experiences.* I am aware that I am responsible for the cost of the travel and other related expenses. **Initials** _____

Clinical Education Requirements include complying with the SDSU student code of conduct, nondiscrimination policies, including diversity, equity, and inclusion policies, and vaccination requirements, including but not limited to measles/mumps/rubella, tetanus/diphtheria (TDap), varicella (chicken pox), hepatitis B, and COVID-19 (seasonal flu vaccinations are highly encouraged). I acknowledge that non-compliance with these and any other University or agency policies may delay my ability to graduate on time, may require a leave of absence, may require my withdrawal from the program, or may lead to dismissal from the program. **Initials** _____

I understand that I will receive access to the Clinical Education Handbook during orientation, and before beginning class, I will read the Clinical Education Handbook and agree to abide by its contents. This information is available on the DPT website. **Initials** _____



COMPUTER REQUIREMENTS: All students will be expected to have laptop computers. Students admitted to the program will be provided a Student Handbook with more details. **Initials** _____

CORE PERFORMANCE STANDARDS: Core Performance Standards are divided into two parts; Technical Standards and Professional Behaviors. As part of the application process applicants will be required to review the Technical Standards required for the program, and self-report if any questions exist regarding ability to meet these standards. If admitted to the program, I understand that I will be required to review the Professional Behaviors in the Student Handbook prior to new student orientation and acknowledge that I understand the consequences for displaying unprofessional behaviors. The Core Performance Standards are available for review on the SDSU DPT web site. **Initials** _____

ACCREDITATION Information Required by the Commission on Accreditation in Physical Therapy Education (CAPTE):

The Doctor of Physical Therapy Program at San Diego State University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>

By signing my name in the space provided below, I verify that I have read, fully understand, and agree with ALL statements contained in this disclosure form.

Student
Signature

Date:
